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Quiz

Generalized pustular rash of acute onset

Asher Ahmed Mashood
Consultant Dermatologist, Combined Military Hospital, Peshawar

Report of a case

A 23-year-old married lady reported in skin OPD with a generalized body rash and low-grade fever of 2 days duration. The patient suffered from renal colic three days prior to the development of the rash for which she received oral ampicillin.

On examination, the skin of the whole body was erythematous. Over the background of erythema, there were multiple, superficial, pinpoint pustules, which were discrete and at places coalescing into sheets of pus (**Figure 1**).

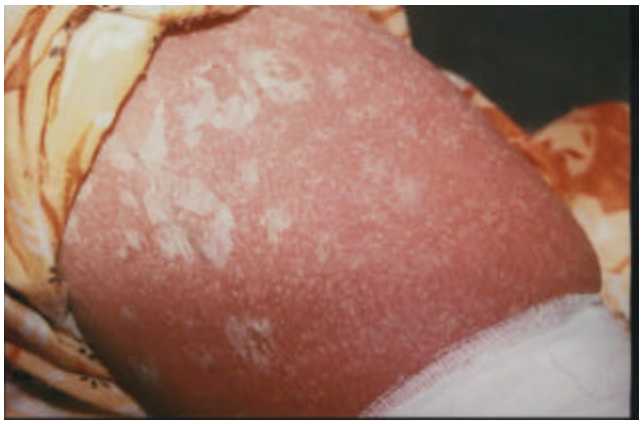

Figure 1 Multiple discrete and coalescing pustules over a background of diffuse erythema. Dried squames are seen at places.

Microscopic findings

The histopathological examination of the skin specimen revealed pustules within the stratum corneum. The epidermis showed acanthosis and spongiosis. The dermis showed mild edema and occasional extravasation of neutrophils and eosinophils.

Address for Correspondence
Dr. Asher Ahmed Mashood,
Consultant Dermatologist CMH, Peshawar
Ph# 091 2016154, 091 271779
E-mail: asherahmed67@yahoo.com

Diagnosis

Acute exanthemic pustulosis

Discussion

Acute exanthemic pustulosis is an eruption of generalized pustular rash over an erythematous background, all over the body especially the trunk.[1] The rash occurs within 24-48 hours of the administration of the offending drug. The pustules are monomorphic, superficial and diffuse. The rash usually starts with fever and settles spontaneously with desquamation. Facial oedema, purpura, vesicles, blisters and erythema-multiforme like lesions may also be seen. The drugs implicated are ampicillin,[2] amoxycillin,[3] propicillin,[4] cephadrine,[5] cephalexin,[6] cotrimoxazole,[7] doxycycline,[8] chloramphenicol, norfloxacin,[9] ofloxacin,[10] streptomycin,[11] salazopyrine,[12] pyrimethamine, frusamide, nitrazepam, itraconazole,[1] diltiazem,[13] captopril,[14] enalapril,[15] acetylsalicylic acid,[16] naproxen,[17] allopurinol,[18] hydroxychloroquine,[19] chlorpromazine,[20] phenytoin,[21] and carbamezapine.[22]

The main differential diagnosis is pustular psoriasis.[1,23] It can be differentiated from acute exanthemic pustulosis on both clinical and histological basis. The histopathological picture is identical to subcorneal pustular dermatosis, characterized by subcorneal pustules and mixed dermal infiltrate composed of neutrophils and eosinophils. Since it is a self-limiting disease, general measures like fluid and electrolyte balance, bladder care, prevention of infection, pain-killers, anti-pruritic tablets and some bland cream or lotion to reduce the discomfort are generally sufficient.

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